# REHABILITATION SERVICES

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## GENERAL CRITERIA

ALL rehabilitation services require prior approval from Medicaid. This attachment to the Hospital Manual specifies the requirements and criteria for rehabilitation services

## EXPLANATION OF CODES

Following is an explanation of column heading and codes found on the Rehabilitation Services Tables.

**DRG** Diagnosis Related code.

**DIAGNOSIS** Description of the DRG code

**AGE** Medicaid covers rehabilitation services from birth through any age. .

**PA** Prior Authorization is required by Medicaid. Refer to PRIOR AUTHORIZATION REQUIREMENTS FOR REHABILITATION SERVICES on next page.

**DISEASE SPECIFIC CRITERIA** Specific information and criteria required by Medicaid before the item will be reimbursed.

**OUTLIER** Description of the outlier threshold

**COMMENTS** Reserved for future use.

## PRIOR AUTHORIZATION REQUIREMENTS FOR REHABILITATION SERVICES

A. Inpatient hospital intensive physical rehabilitation services are covered Medicaid services, as specified in R414-2B, Utah Administrative Code.

B. Outpatient rehabilitation service is a special, limited service covered for individual clients who qualify and who have neither received nor qualify for the intensive, inpatient physical rehabilitation program. Prior authorization may be given based on established criteria.

C. For approval, rehabilitation services must meet the following criteria:

(1) The patient is medically and surgically stable.

(2) This is the first admission, or the patient has developed a new problem, and now meets other admission criteria.

(3) The patient has a reasonable expectation of improvement in his/her activities of daily living which are appropriate for his/her chronological age and development that will be of significant functional improvement when measured against his/her documented condition at the time of the initial evaluation.

(4) The patient requires **close medical supervision** by a physician with specialized training or experience in rehabilitation.

(5) The patient requires 24-hour nursing care or supervision by a registered nurse with specialized training or experience in rehabilitation.

(6) **The patient's cognitive and sensory capacity allows active participation in an intense rehabilitation program which includes, at a minimum, 3 hours of physical and/or occupational therapy and/or speech therapy in addition to any other necessary therapeutic disciplines which will restore function rather than maintain existing function at the time of admission, 5 1/2 days/week.**

D. The physician or his/her designee must initiate the request for prior authorization no later than the 5th working day after admission to the Rehab Unit. The request can be made by telephone, by FAX, or in writing. The request can be initiated before the patient is admitted to the Rehab Unit if there is sufficient documentation to substantiate the request for admission. The information required information for a request is as follows:

(1) Telephone contact: Information must be sufficient to complete the Medicaid Rehab intake worksheet.

(2) Fax (538-6382) or in writing:

a. Completed Medicaid Rehab intake worksheet or

b. Section I of the Medicaid Rehab intake worksheet completed with supporting documentation i.e.:

- History and Physical
- Rehab evaluation, including patient goals and prognosis
- Physical therapy evaluation
- Occupational therapy evaluation
- Speech therapy evaluation with audiology evaluation, if applicable
- Nursing evaluation

E. Reminder: Coverage requirements apply **ONLY** when the Medicaid client is assigned to a Primary Care Provider or not enrolled in a managed care. Medicaid does **NOT** process Prior Authorization (PA) requests for services to be provided to a Medicaid client who is enrolled in a capitated managed care plan when the services are included in the contract with the plan. Providers requesting PA for services to a client enrolled in a managed care plan will be referred to that plan.

F. At the time of the telephone contact, or receipt of the FAX, a decision will be made by Medicaid staff regarding the appropriateness of the admission. The provider will be informed via phone of the decision. A letter of approval, denial or pending status will be mailed to the provider.

G. Notice of Rights

(1) The Medicaid agency will give advance notice in accordance with State and Federal regulations whenever payment is not approved for services which prior authorization was requested. The notice will specify (1) the service(s) for which payment has not been authorized, (2) the reason(s) the authorization was not granted, (3) the regulations or rules which apply, and (4) the appeal rights of the provider.

(2) The physician and/or hospital may not charge the patient for services that are denied (1) because the provider failed to advise the patient that the services were not a covered Medicaid benefit, (2) because the provider failed to follow prior authorization procedures, or (3) because payment has been denied. The provider may charge the patient for services that are not covered by Medicaid only when the provider has advised the patient in advance that the services are not covered and the patient has agreed in writing to pay for the services. Refer to Section 1, Chapter 6 - 9, *Exceptions to Prohibition on Billing Patients*.

## QUICK REFERENCE FOR REHABILITATION SERVICES

| DRG | SERVICE | PA | CRITERIA |
| --- | --- | --- | --- |
| 800<br>801<br>802<br>803<br>804 | All rehab services | yes | ■Physician or his/her designee must initiate the request for PA no later than the 5th working day after admission to the Rehab Unit. This can be initiated before the patient is admitted to the Rehab Unit if there is sufficient documentation to substantiate the request for admission.<br>A. Required information for either telephone contact or fax<br>1. Telephone contact: Information must be sufficient to complete the Medicaid Rehab intake worksheet.<br>2. Fax (538-6382)<br>a. Completed Medicaid Rehab intake worksheet or<br>b. Section I of the Medicaid Rehab intake worksheet completed with supporting documentation i.e.:<br>- History and Physical<br>- Rehab evaluation, including patient goals and prognosis<br>- Physical therapy evaluation<br>- Occupational therapy evaluation<br>- Speech therapy evaluation with audiology evaluation, if applicable<br>- Nursing evaluation |

## SPINAL INJURY -- PARAPLEGIA

| DRG | DIAGNOSIS | AGE | PA | DISEASE SPECIFIC CRITERIA | OUTLIER | COMMENTS |
| --- | --- | --- | --- | --- | --- | --- |
| 800 | Spinal injury resulting in paraplegia | all | yes | Patient has paralysis of two limbs or half of the body.<br>May be complicated by:<br>■ Pressure sores<br>■ Urological complications (UTI, dysreflexia)<br>■ Respiratory complications<br>■ Contractures<br>■ Spinal/skeletal instability | The outlier threshold is calculated by multiplying the ALOS by 130%. | |

## SPINAL INJURY -- QUADRIPLEGIA

| DRG | DIAGNOSIS | AGE | PA | DISEASE SPECIFIC CRITERIA | OUTLIER | COMMENTS |
| --- | --- | --- | --- | --- | --- | --- |
| 801 | Spinal injury resulting in quadriplegia | all | yes | Patient has paralysis of all four limbs.<br>May be complicated by:<br>■ Pressure sores<br>■ Urological complications (UTI, dysreflexia)<br>■ Respiratory complications<br>■ Contractures<br>■ Spinal/skeletal instability | The outlier threshold is calculated by multiplying the ALOS by 130%. | |

## TRAUMATIC BRAIN INJURY (TBI)

| DRG | DIAGNOSIS | AGE | PA | DISEASE SPECIFIC CRITERIA | OUTLIER | COMMENTS |
| --- | --- | --- | --- | --- | --- | --- |
| 802 | Traumatic brain injury | all | yes | Must have documented two or more neurological deficits such as:<br>1. Dysphagia<br>2. Dysphasia<br>3. Paralysis<br>4. Visual disturbances<br>5. Cognitive deficit | The outlier threshold is calculated by multiplying the ALOS by 130%. | |

## STROKE (CVA)

| DRG | DIAGNOSIS | AGE | PA | DISEASE SPECIFIC CRITERIA | OUTLIER | COMMENTS |
| --- | --- | --- | --- | --- | --- | --- |
| 803 | stroke (cardiovascular accident) | all | yes | 1. Treatment must begin within 60 days after onset of stroke.<br>2. Patient has sustained focal neurological deficit. | The outlier threshold is calculated by multiplying the ALOS by 130%. | |

## OTHER DIAGNOSIS

| DRG | DIAGNOSIS | AGE | PA | DISEASE SPECIFIC CRITERIA | OUTLIER | COMMENTS |
| --- | --- | --- | --- | --- | --- | --- |
| 804 | Other (may include appropriate readmissions for Quads & Para's). Samples of other conditions which <u>may</u> require intensive inpatient rehabilitation program:<br>1. Amyotrophic lateral sclerosis (ALS)<br>2. Guillain-Barre Syndrome<br>3. Multiple Sclerosis<br>4. Melopathy (transverse myelitis infarction)<br>5. Myopathy<br>6. Parkinson's Disease<br>7. Peripheral neuropathy, chronic<br>8. Peripheral neuropathy, sub-acute<br>9. Post meningo-encephalitis<br>10. Post surgery<br>a. Brain<br>b. Spinal<br>11. Complicated fractures<br>12. Arthritis & Rheumatic disease<br>13. Major multiple trauma<br>14. Burns | all | yes | Patient with marked physical impairment secondary to a variety of problems such as trauma, surgery, chronic disease, and malnutrition or a combination of factors that can be expected to improve with a comprehensive physical restoration program.<br><br><u>10. Post surgery</u><br><u>a. Brain:</u><br>Must have complicating medical condition which requires close medical supervision by a physician with resulting muscular skeletal deficit.<br><br><u>14. Burns:</u><br>Disability due to burns involving at least 15% of the body. | The outlier threshold is calculated by multiplying the ALOS by 130%. | |